

HIE Workgroup Meeting Summary

Workgroup:	AR HIE Finance Workgroup
Meeting Date:	Thursday, February 18, 2010 - 11:30am
Location:	ACHI, 1401 West Capitol, Suite 300 Victory Building, Little Rock, AR 72201

Agenda Items:
Welcome/Introductions, Perceptions of HIE Benefits - Patients & Providers, Review Finance Model Details, Players & Payers - Implications for HIE Financing, Financial Principles for HIE, Workgroup Resources
In Attendance: Jake Bleed, Herschel Cleveland, Joan Diehl, Jason Lee, Bryan Meldrum, Brian Midkiff (in for Kyleen Hawkins), Nick Paslidis, Ray Scott, Bruce Thomasson, Hannah Vogler, David Wroten, Randy Zook
Discussion Highlights:
Perceived Benefits of HIE - Patients & Providers
Hannah gave presentation on perceived benefits of HIE by patients & providers
group ? - is there any data on cost of creating & maintaining electronic vs. paper medical records
Nick - there is some information, but there are so many factors and variables with providers, cost ranges quite a lot; physicians are very wary, have major concerns
Jason - costs double in short run because we maintain electronic and paper records until totally transferred over; looking not at cost decrease but reduction in cost increase; remember that cost to get providers wired is not the cost of the exchange, not what we are figuring out how to pay for
Bruce - biggest savings is reducing the duplication of tests, but providers & patients don't see that directly
Nick - we need to check out Prometheus model in the Northeast (CT?), they use "medical home concept" and pay back savings to community
group sum - patients think exchange happens, they want it to happen, they want security - but they don't want to pay for it
David - helps build case for public involvement in paying, but patient paying is still a problem - then only people who can afford it can use it
Ray - not concentrating on individuals, but more public utility model, broad-based so that nobody feels the sting too much
Joan - example of toll road vs. non-toll road - drivers are paying for each of them but in different ways, don't always think about paying for non-toll roads, think more about toll roads because you are paying for it right then
Jason - if asking users to pay, quality/quality control has to be considered
Ray - CMS showed savings of something like 2-8% in national conference last week using HIE
Nick - need to make business case for adoption/sustainability; lots of concerns have to be addressed to move forward; for financial support must be able to show value five years from now, not just now
Randy - compare system to FedEx, have to be ready to serve every single location on day 1, but don't want to lock in today's technology
Ray - going to have to phase things in; there will some natural phasing in
David - EHR is really not to worry about because the direction has been decided for that; question is for HIE
David - #1 call to Medical Society are from patients about medical records - where to get them, how to access them, etc.

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Nick - ? Is there information about what the public is willing to pay?

State Models

Hannah presented state model notes from last meeting and answered questions about VT & NY, not able to get in touch with Delaware yet

Jason - ? Does Vermont include claims by the self-insured?

Jason - certain approaches that just wouldn't realistically work, can we be comfortable taking bonds off the table?

Herschel - would leave bond on table as revenue bond because may have revenue stream to support it in the future; especially consider if we do have a future revenue stream but need capital money up front, but still need to consider bond outliving technology

David - leave it all on the table and present options because we may have to piece a few together

Randy - using public utility may create a franchise, fund with equity offering (mode: Information Network of Arkansas)

Ray - looking at INA and Connect Arkansas as private options; think Rhode Island started as government, then spun off as nonprofit

Hannah - overall, seems that a large amount of financing is really being done by states

David - when this is out, companies will step up to provide options (to providers)

Bryan - lots of care comes from outside of Arkansas, do we have contact with these states so we can talk to them? Maybe have some kind of an agreement with them and get ideas from them

David - thinks all will pay to set up, but exchange will be free - too hard to actually charge for use

Herschel - may be way to do that (charge) because we do it now in many ways

Ray - "exchange services" for a fee can enable this

Ray - overview of other states, OK - 1 year planning; LA - didn't apply; TN - paying to create their own; looking into strength in numbers, can we work together to save money, get discount from vendors, etc.

David - MO is about where we are

Bryan - or get buy-in from even larger market

Players & Payers

Ray - working on Medicaid and public health now because they figure into stage I Meaningful Use criteria; also they are identified as having revenue streams that currently support HIE; CMS and ONC are working together towards the same goals, and that is promoting HIE; not going to pay for two systems (one for Medicaid and one for everybody else, so need to get it working together); Public health may have stimulus fund incentives for renovating public health infrastructure in states; current reporting system needs improvement, so how can HIE help facilitate and save money?

Jason - price and value depend on data on HIE; they have 131,000 lives covered for about \$5 million a year; value received differs greatly based on capability of system, for instance reading lab results vs. actually being able to coordinate care and/or claims

Joan - currently subsidizing services, are we talking about subsidizing this too?

Jason - and what about uninsured persons, difficulty in tracking them

David - records should be there regardless; cell phone tax could work because spreads out cost to everyone - everyone has it, everyone pays

Jake - users still need to have part in paying

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Jason - find value/incentive if claims for service are denied if something (test, etc.) was already done and available on HIE but provider didn't check

Joan - reward/penalty for using or not using

Ray - the Business & Technical Operations Workgroup is talking about this kind of thing - what needs to be accessible, ie Master Patient Index (MPI) what clinical data, claims data, eligibility, etc. would be included

MEETING SCHEDULE - Monday is holiday, won't work - next mtg Thursday, Feb 18 from 11:30-1:30 (lunch provided), rest of schedule is not a problem; because of new ONC deadlines (April 30), we will probably need to have "assignments" in between, so please watch your email!

Assignments:

Task(s)	Assigned Member(s)	Completion Date	Reporting Method
answer questions about Delaware, addt'l questions from NY, VT	Hannah	2/26/2010	next mtg (2/26)
research Prometheus model from CT	Hannah	2/26/2010	next mtg (2/26)
research private models (Information Network of Arkansas, Connect AR)	Ray, Hannah	2/26/2010	next mtg (2/26)